6431 06410

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Murphy Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa COUNTY Lancaster
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Strasburg
STREET ADDRESS (If rural, give location) Main St

3. NAME OF DECEASED: (Type or Print) (First) GERALD (Middle) ROBERT (Last) APPEL
4. DATE OF DEATH (Month) 7 (Day) 11 (Year) 1954
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH: 4-15-1951
9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lancaster Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Gaylor Appel
14. MOTHER'S MAIDEN NAME: Cornelia Stauffer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowned

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, office, street, public bldg., etc.) OF INJURY Susq. Canal River
21c. (City or town) Charlestown (County) Cecil (State) Md
21d. TIME OF INJURY (Month) 7 (Day) 11 (Year) 54 (Hour) 530 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Wandered out too far in river

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Dodson
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
M. D.
DATE SIGNED 7-11-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF July 14 1954
NAME OF CEMETERY OR CREMATORY Paradise Mem
LOCATION (City, town, or county) (State) Paradise Lancaster Co Penna

DATE REC'D BY LOCAL REG. July 12-54
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR Joseph R Grau
ADDRESS North East Md

RECEIVED
JUL 14 1954
BUREAU V. S.

MARYLAND 6422

06411

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21
LENGTH OF STAY (in this place) One month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital, Elkton, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Earleville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Bailey

4. DATE OF DEATH (Month) 7 (Day) 31 (Year) 1954

5. SEX F.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid.
8. DATE OF BIRTH No information
9. AGE last birthday 75? yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) FARMINGTON, DEL.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME No information
14. MOTHER'S MAIDEN NAME No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Ruth Rouse, Elkton, RD #2, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular Thrombosis	5 days
442x Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, Hypertension	10 years
	(c) Nephrosclerosis	"

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7.30, 1954, to 7.31, 1954, that I last saw the deceased alive on 7.31, 1954, and that death occurred at 6 10 p.m., from the causes and on the date stated above.

SIGNATURE Peter Stamatis (Degree or title) M.D. ADDRESS Elkton, Md. DATE SIGNED 8.1.54.

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE Aug 3
NAME OF CEMETERY OR CREMATORY Bohemia Manor
LOCATION (City, town, or county) near Chesapeake City (State) Md

DATE REC'D BY LOCAL REG. Aug 2
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS Elkton

RECEIVED
AUG 4 1954
BUREAU V. S.

6432

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 06412

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown | LENGTH OF STAY (in this place) 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Chester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Nottingham RD 2.
STREET ADDRESS (If rural, give location) Pa. 75-3

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) C (Last) DOLLINGER
4. DATE OF DEATH (Month) 7 (Day) 24 (Year) 1954
5. SEX M. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED Married | 8. DATE OF BIRTH: Dec 23-1904 | 9. AGE last birthday: 49 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life) Construction Woman | 10b. KIND OF BUSINESS OR INDUSTRY: Construction | 11. BIRTHPLACE (State or foreign country): Glade Spring Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Franklin Dollinger | 14. MOTHER'S MAIDEN NAME: Maggie Mountain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Gabel K. Dollinger Nottingham Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

E50.8

Immediate cause (a) Drowned.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes [X] No [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [X] or CONTRIBUTING [ ] CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) River | 21c. (City or town) Charleston (County) Cecil (State) Md.
21d. TIME OF INJURY (Month) 7 (Day) 24 (Year) 54 (Hour) 5 P.M. | 21e. INJURY OCCURRED While at work [ ] Not while at work [X] | 21f. HOW DID INJURY OCCUR? Fell out of boat.

22. I hereby certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X], and find that death resulted from: Natural causes [ ], Accident [X], Suicide [ ], Homicide [ ], Undetermined cause [ ].

SIGNATURE R C Hodson M. D. CHIEF MEDICAL EXAMINER [ ] DEPUTY MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAM. [X] DATE SIGNED 7-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 30 54 | NAME OF CEMETERY OR CREMATORY Nottingham Cem | LOCATION (City, town, or county) Nottingham Chester Co. (State)
DATE REC'D BY LOCAL REG. 7/29/54 | REGISTRAR'S SIGNATURE L. M. Worthington | 24. FUNERAL DIRECTOR Ralph M Reed ADDRESS

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1954
BUREAU V. S.

6423

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06413

Item 7 film G168A 7/30/54 ch

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton 21
LENGTH OF STAY (in this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp Elkton 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kentucky COUNTY Selby
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waddy 55X-9
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Claude (Middle) Eugene (Last) Frye

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Oct 25 1871
9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months 9 Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank Pres
10B. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Frye
14. MOTHER'S MAIDEN NAME: Susan Hite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Rayner Garey - NO East Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 7 or 8 hrs

ANTECEDENT CAUSE (S) DUE TO (B) Cardio-Vascular Renal Disease — Several years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1954, to July 22, 1954 that I last saw the deceased alive on July 22, 1954, and that death occurred at 10.30 AM, from the causes and on the date stated above.

SIGNATURE H Arthur Cantwell M. D. ADDRESS North East DATE SIGNED July 22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal-Burial
DATE THEREOF July 23-1954
NAME OF CEMETERY OR CREMATORY Shelbyville
LOCATION (City, town, or county) Shelbyville Shelby Co. (State) Kentucky

DATE REC'D BY LOCAL REGISTRAR July 22
REGISTRAR'S SIGNATURE F R Frazier
24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East Md

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 26 1954
BUREAU V. S.

6424

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 06414

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Elkton 21 | LENGTH OF STAY (in this place) 4 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 212 E Main X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Burks.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Reading 75X-3

STREET ADDRESS (If rural, give location) 921 N. 11th

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) RAYMOND HENRY HAUSER.

4. DATE OF DEATH (Month) (Day) (Year) 7 5 1954

5. SEX: M | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 8-22-1912. | 9. AGE last birthday: 41 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Machinist | 10b. KIND OF BUSINESS OR INDUSTRY: in Shop. | 11. BIRTHPLACE (State or foreign country): Kutztown Pa. | 12. CITIZEN OF WHAT COUNTRY? U Ste

13. FATHER'S NAME: William Hauser | 14. MOTHER'S MAIDEN NAME: Lillian Seegle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: 170-07-9494 | 17. INFORMANT & ADDRESS: Virginia Hauser 921, 11th St Reading Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Acute Coronary Occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R C Dodson MD. M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 7-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial | DATE THEREOF July 6/54 | NAME OF CEMETERY OR CREMATORY Removal to Reading, Pa | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 6 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR H. S. Pippin & Son ADDRESS Elkton Md. By B H Pippin

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

JUL 7 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06415

6425 **CERTIFICATE OF DEATH** Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Appleton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) John (Middle) Ewing (Last) Hutton
4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1954
5. SEX: M 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single
8. DATE OF BIRTH: March 1, 1872
9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Samuel Hutton
14. MOTHER'S MAIDEN NAME: Emma Ewing
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Lillian B. Watkins Newark Del RD 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO Arteriosclerotic Cardiovascular Renal Disease — 1 yr.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prostatic Hypertrophy — 1 yr.

19A. DATE OF OPERATION: —0
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 13 July, 1954, to 17 July, 1954, that I last saw the deceased alive on 16 July, 1954, and that death occurred at 6:50 A.M., from the causes and on the date stated above.
SIGNATURE Klaus H. Hechner M.D. M. D. ADDRESS North East Md DATE SIGNED 17 July '54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF July 20
NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
LOCATION (City, town, or county) Cecil Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR July 18
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR R. I. Jones
ADDRESS Newark, Del.

JL 20 1954

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06416

6426

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 8 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital Elkton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Elkton — STREET ADDRESS (If rural give location) R.D. #4

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) M. (Last) Jones

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct 7 1879

9. AGE Last birthday: 74 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Watkins Products

11. BIRTHPLACE (State or foreign country): Quarryville - Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew J. Jones

14. MOTHER'S MAIDEN NAME: ~~Elizabeth~~ Mary E. Eshleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-20-7767

17. INFORMANT & ADDRESS: Mrs Louis M Jones - Elkton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-renal Vascular disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Epilepsy

DUE TO (c)

Interval Between Onset And Death: 16 yrs plus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left sided Leson Legs RBB Fractured Right Hip RBB

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21st 1954 to July 3rd 1954, that I last saw the deceased alive on July 2, 1954, and that death occurred at 12:00 July 3rd from the causes and on the date stated above.

SIGNATURE (Degree or title) H. W. Dwight M.D. — ADDRESS Elkton - Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-7-54 — NAME OF CEMETERY OR CREMATORY West Nottingham Cem. — LOCATION (City, town, or county) Cecil County (State) Md

DATE REC'D BY LOCAL REGISTRAR July 7 — REGISTRAR'S SIGNATURE F.R. Frazier

24. FUNERAL DIRECTOR H. Walter du Bois, Jr. — ADDRESS Elkton, Md.

VS. A15

RECEIVED
JUL 8 1954
BUREAU V. S.

6433

06417

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 97

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge
LENGTH OF STAY (in this place) 5 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Unknown
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Delta
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Sophronia (Middle) E. (Last) Lambert

4. DATE OF DEATH (Month) July (Day) 20 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9-21-1872
9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Samuel Howe
14. MOTHER'S MAIDEN NAME: ~~Sophronia Knowe~~ unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ----
(If Yes, give war or dates of service) -----
16. SOCIAL SECURITY NO.: ----------
17. INFORMANT & ADDRESS: c/o Clock Grille John Wesley Lambert [illegible] Portsmouth, Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Rheumatic Valvulitis inactive with deformity of the mitral and aortic valve
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. E. Dodson, M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 7-22-54
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) (State) Wheelersburg - Sciota Co. - Ohio

DATE REC'D BY LOCAL REG. 7-21-54
REGISTRAR'S SIGNATURE Dorothy L. Bramble
24. FUNERAL DIRECTOR AND ADDRESS Lee Patterson & Son. Perryville, Md.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6427 **MARYLAND STATE DEPARTMENT OF HEALTH** 06418

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton.
STREET ADDRESS (If rural, give location) 134 Water St

3. NAME OF DECEASED (Type or Print) (First) Marilyn (Middle) Irene (Last) Lilly
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1954
5. SEX F.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Jan. 1, 1954
9. AGE last birthday 7 Mo. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert Lilly.
14. MOTHER'S MAIDEN NAME Mottie Craycroft.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 134 Water St Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho-Pneumonia — 2 days +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/31, 1954, to 7/31, 1954, that I last saw the deceased alive on 7/31, 1954, and that death occurred at 11 32 P.m., from the causes and on the date stated above.

SIGNATURE J. Herbert Bates (Degree or title) M. D. ADDRESS Elkton, Md DATE SIGNED 8/1/54

23. BURIAL, CREMATION REMOVAL (Specify) Removal & Burial DATE THEREOF Aug 3/54 NAME OF CEMETERY OR CREMATORY Coles Cemt LOCATION (City, town, or county) Hinton W. Va (State)
DATE REC'D BY LOCAL REG. Aug 1 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Lippen Funeral Hon ADDRESS By O. Henry Lippen

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 3 1954

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06419

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 9

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
LENGTH OF STAY (in this place) all days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Cavender (Last) Loraine

4. DATE OF DEATH (Month) 7 (Day) 21 (Year) 1954

5. SEX M. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH: 10-27-1896 | 9. AGE last birthday: 57 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Property Officer | 10b. KIND OF BUSINESS OR INDUSTRY Army Dep. Aberdeen Pg. | 11. BIRTHPLACE (State or foreign country): Chesapeake City Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard N. Loraine | 14. MOTHER'S MAIDEN NAME: Willie Rebecca Cavender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW I | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Carolyn Briggs Cavender Chesapeake City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Occlusion
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-21-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 23/54 | NAME OF CEMETERY OR CREMATORY Bethel | LOCATION (City, town, or county) Near Chesapeake City (State) Md

DATE REC'D BY LOCAL REG. July 23-1954 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR H. W. Kippen & Son | ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MARYLAND 6428

06420

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 9x

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware — COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. #1 Newark Dela.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) TRUAX (Last) LYNCH

4. DATE OF DEATH: (Month) 7 (Day) 23 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 2-1-1897

9. AGE last birthday: 57 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): DELAWARE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph WALTER Lynch

14. MOTHER'S MAIDEN NAME: MARTHA TRUAX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: IRENE LYNCH RD#1 NEWARK DELAWARE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval between onset and death: 1 day

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio vascular renal — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1950, to 7/23, 1954, that I last saw the deceased alive on 7/22, 1954, and that death occurred at 5-30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert Bates, M.D. — ADDRESS Elkton Md — DATE SIGNED 7/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE 7-25-54 — NAME OF CEMETERY OR CREMATORY Bethel — LOCATION (City, town, or county) Bethel (State) MD

DATE REC'D BY LOCAL REG. July 23 — REGISTRAR'S SIGNATURE F R Frazier

24. FUNERAL DIRECTOR H. Walter du Bois, Jr. — ADDRESS Elkton, Md.

RECEIVED
JUL 23 1954
BUREAU OF U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06421

6435 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit, Rural
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit, Rural
STREET ADDRESS (If rural give location) Woodlawn

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Lynch
4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-2-1911
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William W. Wiggins
14. MOTHER'S MAIDEN NAME: Ida C Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Robert R. Lynch, Port Deposit, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Ca of liver & lungs — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cancer Cervix — 1 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1953, to July 19, 1954, that I last saw the deceased alive on 7-19, 1954, and that death occurred at 10:00 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) G. H. Richardson M.D. ADDRESS Port Deposit Cecil Md DATE SIGNED 7-20-54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 7-22-1954
NAME OF CEMETERY OR CREMATORY Hopewell
LOCATION (City, town, or county) Port Deposit, Md (State) Rural
DATE REC'D BY LOCAL REGISTRAR July 22, 1954
REGISTRAR'S SIGNATURE Ida M. Daugherty actg Reg
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 26 1954
BUREAU V. S.

Film#G168 Item# 9 7/16/54 emf

06422

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6436 **CERTIFICATE OF DEATH** Reg. Dist. No. 92

1. PLACE OF DEATH. COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton Rural 4
LENGTH OF STAY (in this place) 44 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton Rural 4
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sue (Middle) A (Last) McCommons

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1954

5. SEX Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 18, 1875
9. AGE last birthday ~~89~~ 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William P.Carr
14. MOTHER'S MAIDEN NAME: Emily Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Lorren B McCommons Elkton R.D.4 Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Severe nutritional anemia and malnutrition — INTERVAL BETWEEN ONSET AND DEATH Approx 3 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Large abdominal tumor of undetermined origin — Over 3 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Coxsin - Vascular Disease Unknown

19A. DATE OF OPERATION.
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to July 8, 1954, that I last saw the deceased alive on July 7, 1954, and that death occurred at 6:30 P. M, from the causes and on the date stated above.

SIGNATURE S. Ralph Andrews, Jr. M. D. ADDRESS Elkton, Maryland DATE SIGNED 7/9/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 11,54
NAME OF CEMETERY OR CREMATORY Moore's Chapel
LOCATION (City, town, or county) (State) Elkton R.D.4 Cecil Co Md

DATE REC'D BY LOCAL REGISTRAR July 10
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUL 13 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06423

6437 CERTIFICATE OF DEATH Reg. Dist. No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural
LENGTH OF STAY (in this place) 80 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Alexander (Last) McCullough

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: April 8, 1871 | 9. AGE Last birthday: 83 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Track Work Penna.R.R.
11. BIRTHPLACE (State or foreign country): Conowingo Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alexander McCullough
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Jones

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Lillie M. Ritchie Conowingo, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Ruptured Esophageal Varices	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Acute Yellow Atrophy of Liver	2 months
	DUE TO (c)	Abdominal carcinoma	3 months +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ASHD

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1 ..., 1954, to 7/5 ..., 1954, that I last saw the deceased alive on 7/5 ..., 1954, and that death occurred at noon, from the causes and on the date stated above.
SIGNATURE Neil R. Ellis (Degree or title) M.D. ADDRESS Rising Sun Md. DATE SIGNED 7/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 8, 1954
NAME OF CEMETERY OR CREMATORY Oakwood Cem.
LOCATION (City, town, or county) (State) Oakwood Md.
DATE REC'D BY LOCAL REGISTRAR July 8 54
REGISTRAR'S SIGNATURE Lord Worthington
24. FUNERAL DIRECTOR J. E. Tyson
ADDRESS Rising Sun, Md.

VS. A15

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06424

CERTIFICATE OF DEATH

C438

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point — LENGTH OF STAY (in this place) 21yrs.29days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore — STREET ADDRESS (If rural give location) 1721 Braddish Avenue

3. NAME OF DECEASED: (First) WILLIAM (Middle) B. (Last) O'CONNOR

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1954

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed — 8. DATE OF BIRTH: 12-14-1894 — 9. AGE last birthday 59 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Shipping Clerk — 10B. KIND OF BUSINESS OR INDUSTRY: National Packing — 11. BIRTHPLACE (State or foreign country): Washington, D.C. — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eugene O'Connor - Deceased — 14. MOTHER'S MAIDEN NAME: Clara Collins - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I — 16. SOCIAL SECURITY NO. Unknown — 17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pneumonia, bronchial, bilateral	3 to 4 days
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerotic kidney disease	1 week
DUE TO		
	(C) Arteriosclerosis generalized	Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 6-28, 1933 to 7-27, 1954, [redacted] and that death occurred at 10:45 AM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services — ADDRESS M. D. VA Hospital, Perry Point, Md. — DATE SIGNED 7-28-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 7-28-54 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR July 28, 1954 — REGISTRAR'S SIGNATURE Ila M. Daugherty acting Reg. — 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons — ADDRESS WM. J. TICKNER & SONS, North&Penna.Ave.Balto.Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06425

6429

CERTIFICATE OF DEATH

Reg. Dist. No. 9r

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton 21 | LENGTH OF STAY (in this place) 5 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa COUNTY Lancaster
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Little Britain Twp
STREET ADDRESS (If rural give location) Quarryville R.D. #2

3. NAME OF DECEASED: (Type or Print) (First) Alonzo (Middle) (Last) Shoemaker

4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH. June 22 1890 | 9. AGE last birthday 64 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Russell Co Va | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Shoemaker | 14. MOTHER'S MAIDEN NAME: Jane Latta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: Betty H. Shoemaker Quarryville R.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Thrombophlebitis — 2 days.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, generalized

19A. DATE OF OPERATION: 7/23/54 | 19B. MAJOR FINDINGS OF OPERATION: Benign Prostatic hyperTrophy | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22, 1954, to 7/29, 1954, that I last saw the deceased alive on 7/29, 1954, and that death occurred at 9:45 P.M., from the causes and on the date stated above.
SIGNATURE John A. Sneden M.D. | ADDRESS Elkton | DATE SIGNED Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug 2 54 | NAME OF CEMETERY OR CREMATORY Oxford Cem | LOCATION (City, town or county) (State) Oxford Chester Co Pa

DATE REC'D BY LOCAL REGISTRAR July 31 | REGISTRAR'S SIGNATURE F R Ferguson | 24. FUNERAL DIRECTOR H. W. Rippin & Son | ADDRESS Elkton Md.

RECEIVED
AUG 3 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06426

C439

CERTIFICATE OF DEATH

Reg. Dist. No. 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: N.Y. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New York City
STREET ADDRESS (If rural, give location): 1781 Eastern Parkway

3. NAME OF DECEASED: (First) Eva (Middle) M (Last) Silverstein

4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elias Louis Lipshipz

14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4-p (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Morris Silverstein 132 N 3rd St., Oxford Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hypertensive Cardiovascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 3yrs (?)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Renal Calculi; Cataracts; ?

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — M.

INJURY OCCURRED While at work ☐ Not while at work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 30 June, 1954, to 12 July, 1954, that I last saw the deceased alive on 12 July '54, 19....., and that death occurred at 1:45 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Klaus H Hamburger M.D. ADDRESS No. 14 E. 62nd DATE SIGNED 12 July '54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 13, 1954

NAME OF CEMETERY OR CREMATORY: Beth David

LOCATION (City, town, or county) (State): Elmont L. I. Nassau N.Y.

DATE REC'D BY LOCAL REG. 7-12-54

REGISTRAR'S SIGNATURE: Sarah E. Rothermel

24. FUNERAL DIRECTOR ADDRESS: Joseph P. Evans Son & Evans Inc

JUL 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06427

6440 CERTIFICATE OF DEATH Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Md.
LENGTH OF STAY (in this place) X 1 mo. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 1036-6th Street, N.E.

3. NAME OF DECEASED: (First) Irwin (Middle) (None) (Last) THOMPSON
4. DATE OF DEATH: (Month) 7 (Day) 24 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: 10-11-1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Leesburg, Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Matt Thompson
14. MOTHER'S MAIDEN NAME: Blanche Beaners
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1
16. SOCIAL SECURITY NO. 578 18 8694
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cirrhosis of Liver — Interval between onset and death: Unknown
581.0

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic heart disease — Unknown
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 6-2, 1954, to 7-24, 1954, and that death occurred at 7:00 PM, from the causes and on the date stated above.
SIGNATURE ADDRESS DATE SIGNED
W. OPPLER, Chief, Professional Services M.D. VAH, Perry Point, Md. 7-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 7-26-54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR July 26, 1954
REGISTRAR'S SIGNATURE Ida M. Daughtry Actg Reg
24. FUNERAL DIRECTOR ADDRESS ROBERT L. SNOWDEN, Rockville, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 23 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06428

6441 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) White Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H. (Last) TROYER

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 11-4-1890 | 9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR, Months 8 Days 3 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Self-employed
11. BIRTHPLACE (State or foreign country): White Hall, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Carroll Troyer
14. MOTHER'S MAIDEN NAME: Mary E. Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hoapital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Pneumonia, bronchial, left lower lobe	1 to 2 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Pericarditis with effusion	5 to 6 days
	DUE TO (C) Endocarditis with valve involvement, multiple	Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-19, 1954, to 7-11, 1954, and that death occurred at 8:25 pM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M. D. ADDRESS V.A.Hospital, Perry Point, Md. DATE SIGNED 7-12-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 7-12-54 | NAME OF CEMETERY OR CREMATORY Norrisville | LOCATION (City, town, or county) (State) Harford County, Md.

DATE REC'D BY LOCAL REGISTRAR July 12, 1954 | REGISTRAR'S SIGNATURE Ida M. Daugherty acting Reg. | FUNERAL DIRECTOR'S ADDRESS MARTIN G. KURTZ FUN. HOME, Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

JUL 14 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06429

6442 CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point X
LENGTH OF STAY (in this place) 1yr.9mo.5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D,C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1300 Bryant Street, N.E.

3. NAME OF DECEASED: (First) MARY (Middle) L. (Last) WATTS

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-20-1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A. Watts - Deceased

14. MOTHER'S MAIDEN NAME: Mary E. Connolly - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized arteriosclerosis with myocardial involvement — Unknown

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 10-16, 1952, to 7-21, 1954, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M. D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 7-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 7-21-54 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR July 22, 1954 — REGISTRAR'S SIGNATURE Ida M. Dougherty

24. FUNERAL DIRECTOR ADDRESS PENNINGTON & SON, Havre de Grace, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06430

6430

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON 21
LENGTH OF STAY (in this place): 15 MIN
HOSPITAL OR INSTITUTION OR STREET ADDRESS: UNION HOSP 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH EAST
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) OTTO (Middle) H (Last) WIGREN

4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 22 1892

9. AGE last birthday: 62 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Finland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kust W Wigren

14. MOTHER'S MAIDEN NAME: Mahlda Lund.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 182-10-0927

17. INFORMANT & ADDRESS: Mrs Matilda Wigren North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	3 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Heart Disease	1 yr.
DUE TO		
	(c)	

420.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10 July, 1954, to 14 July, 1954, that I last saw the deceased alive on 14 July, 1954, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE: Klaus H. Hunter (DEGREE OR TITLE) M.D. ADDRESS North East, Md DATE SIGNED 14 July '54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-17-54

NAME OF CEMETERY OR CREMATORY: Methodist

LOCATION (City, town, or county) / (State): North East Cecil Co Md

DATE REC'D BY LOCAL REG.: July 16

REGISTRAR'S SIGNATURE: H B Frazer

24. FUNERAL DIRECTOR ADDRESS: Jasper R Shaw North East Md

RECEIVED
JUL 19 1954
BUREAU V. S.